

Personal Training Request Form

We request all interested customers complete a request form. The fitness coordinator/personal trainer will contact you within 3 business days of receiving the completed form. Additional information will be provided at that time.

Customer Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Member Number: _____

Sessions: *(please check which package you are interested in)*

First session is 45-minutes, each additional session is 30-minutes. Private training sessions are one participant to one trainer. Semi-Private Sessions are up to three participants to one trainer.

4 Sessions (Private)	\$160	<input type="checkbox"/>
8 Sessions (Private)	\$299	<input type="checkbox"/>
4 Sessions (Semi-Private, group of 3)	\$240	<input type="checkbox"/>
8 Sessions (Semi-Private, group of 3)	\$459	<input type="checkbox"/>

Preferred Days *(please select all that apply)*

Monday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>		

Preferred Times *(please write in your preferred time of day)*

First preference _____ AM or PM

Second preference _____ AM or PM

Staff Instructions: Collect completed form from customer. Verify information. Place completed form in Fitness Coordinator's inbox.

Date received: _____ Initials: _____